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CURRENT CORRESPONDENT Robert P. Lenart Pietragallo, Bosick & Goi	TE ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certificate of Fee(s) Transmittal. The papers. Each additional	mailing can only be used is certificate cannot be used	for domestic mailings of the for any other accompanying tent or formal drawing, must		
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APPLICATION NO.	FILING DATE		FIRST NAME	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/720,872 TITLE OF INVENTION:		OPTICAL V	VRITE DE	ndon Crawford		5121		
APPLN. TYPE	SMALL ENTITY	ISSUE F.		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
NONPROVISIONAL	NO	\$1400	o 	\$300	\$1700 •	05/09/2005		
	AINER , ALAN	ART UN 2651	IT	class-subclass 360–046000	J			
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				ny) or to re-apply any previously cother than the applicant; a reg		40/17		
Authorized Signature	Robert P Len	out	•	Date April	13, 2005			
Typed or printed name Robert P, Lenart, Esq.					No. <u>30.654</u>			
This collection of informati an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C pplication form to the USPT s for reducing this burden, s inia 22313-1450. DO NOT	11. The information 122 and 37 CFR O. Time will vary sould be sent to the SEND FEES OR C	on is required 1.14. This col depending use Chief Inform COMPLETER	to obtain or retain a benefit by lection is estimated to take 12 con the individual case. Any con attended to the individual case. Any contain Officer, U.S. Patent and FORMS TO THIS ADDRESS	the public which is to file (a minutes to complete, includ omments on the amount of Trademark Office, U.S. De S. SEND TO: Commissione	nd by the USPTO to process ing gathering, preparing, and ing gathering, preparing, and partment of Commerce, P.O. r for Patents, P.O. Box 1450,		

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Under the Pa	RANSMITTAL FORM rall correspondence after Initial of Pages in This Submission		Application Number Filing Date First Named Inventor Art Unit Examiner Name	10/720,87 11/24/200 Thomas N 2651	Trademark Iformation 72 O3 McLendon	k Office; unless i	e through 07/31/2006. OMB 0651-0031 U.S. DEPARTMENT OF COMMERCE I displays a valid OMB control number.
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Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request			Drawing(s) Jicensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on	ation e Address	After Allowance Communication to Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): - Fee Transmittal (Form PTO/SB/17) - Part B - Fee(s) Transmittal (Form PTOL-		
	SIGNA	TURE O	F APPLICANT, ATT	ORNEY, C	OR AGI	ENT	
Firm Name Pietragallo, Bosick & Gordon Signature Robert P. Lenart, Esq. Date April 13, 2005 Reg. No. 30,654							
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Typed or printed name Christine J. Graff Date April 13, 2005							

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Up the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Effective on 12/08/2004. Complete if Known Feegoursvant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/720,872 Filing Date 11/24/2003 For FY 2005 First Named Inventor Thomas McLendon Crawford **Examiner Name** Alan Faber Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2651 TOTAL AMOUNT OF PAYMENT (\$) 1700.00 Altorney Docket No. **SEAG 63445** METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 500859 Deposit Account Name: Pietragallo, Bosick & For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 0 0 n 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee Paid (\$) Multiple Dependent Claims Fee (\$) -20 or HP =Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

Other (\$1700.00		
SUBMITTED BY			
ignature	Robert P Lenast	Registration No. (Attorney/Agent) 30,654	Telephone 412-263-4399

Number of each additional 50 or fraction thereof

(round up to a whole number) x

Fee (\$)

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4. OTHER FEE(S)

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